

NOÉMI VIGH*

From them to us: How developmental trauma is significant in the life of children in asylums**

ABSTRACT: This study aims to enhance understanding of the trauma backgrounds of children in asylums and to offer possibilities for healing. Studying chronic or developmental trauma is a relatively new and growing field of psychology which offers important changes of perspective and possibilities of treatment. It is a valuable theoretical framework in the urgent global issue of refugees and asylum seekers. The concept explains how the inside scars of fleeing one's home or of other harmful events, often determines children's future. These scaring events can occur in these children's home country, or during their trip, but even in the countries where they arrive, where we are in a way responsible for them. Beyond the moral obligation to help these vulnerable children, I argue that in the long term, it is in our best interests to offer them help by professionals trained in trauma consciousness in all the institutions or system where they are handled. Education systems for instance could be key to the acculturation and integration process. Schools provide the basis for the right to education, structure, and community to provide knowledge and healing through relationships for the benefit of future generations. Raising consciousness and leaving hostile attitudes and rhetoric behind can be beneficial to newcomers but also to natives. I argue that we should replace the concept of differentiating, and talking about several isolated groups like natives, refugees, migrants etc. and begin to accept that in the perspective of the future, we are parts of the same "group" as a society.

KEYWORDS: children in asylum, trauma conscious, developmental trauma, education system.

* School psychologist, Head of Child Protection Workshop Mentor Teacher, Károli Interdisciplinary Academy, Károli Gáspár University of the Reformed Church in Hungary, vigh.noemi@kre.hu.

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1. An emotional grip on the topic

The experience of running away, leaving home, heading into the unknown, without any idea whether or when one can return those who know this experience will probably consciously and/or unconsciously “know” it forever, and the younger they are, the more likely the experience is to determine their future. However, this is not merely a distant or sad story; in a way, the fate of such children is ours, because on one hand, it is our moral, human obligation to provide shelter to the most vulnerable, and on the other, they may become our neighbours, which would be sustainable only if the “them–us” divide fades away and we learn to be just “us”.

As a psychologist, I am dedicated to understanding the individual experiences and formation of the soul; I examine society, history, and politics from this perspective. As a European citizen, I have never been forced to experience this topic first hand. Thus, I wish to be as humble as possible in handling this topic, which concerns the lives of some of the most vulnerable people in the world, that is, children in asylum. Their fate has political, social, legal, and many other aspects that I cannot fully grasp. I aim to use my professional and human perspective to obtain a better understanding of what happens to these children, and then introduce my views on how we are responsible for them and what we need to do for them as well as us.

Before we try to gain a cognitive grip on trauma and how it is an essential forming force in the lives of most refugee children, I aim to bring these children close enough so we have some emotional understanding and empathy for these fates.

Picture that many of these children are born into stressful surroundings. Their everyday life may lack stability from the start, with fear, stress, and frustration from their parents and/or society. Their parents likely grew up in similar surroundings, leaving them constantly alert and distrustful, or even frustrated and angry with someone or something. In such conditions, it is easy to grow up impatient, unfocused, and easily upset. This situation hinders parents from being accessible and attentive to their children, a requirement for healthy development. In these circumstances, youngsters may wish to escape and run away. At some point, it is possible that their parents give up, become desperate, and begin planning how to leave, giving the home a heavy atmosphere in anticipation of a drastic event. In other cases, the family might not have time to prepare for departure,

needing to make an immediate decision and leaving behind everything, without knowing where they are going or if they will ever return.

Sadly, it is not rare for parents to send their children alone, leaving them in the hands of people who often turn out to be untrustworthy. Unaccompanied refugee children might or might not know the people with whom they are traveling; sometimes, they have siblings to look after or be cared by. Do they speak a foreign language? Do they know the reason for leaving and where they are going to? Do they have papers or an idea of the process of applying for asylum? Do they know that they might not meet anyone again whom they knew before? If we imagine some of the answers to these questions, the situation is tragic enough already – add to this the terrible dangers that are also possible outcomes of dreadful journeys: human trafficking, prostitution, abuse, and child labour. We glean such events from the news – they happen to people we do not know, often somewhere far from us.

If the “story” does not end there, then these families and children reach a border of some more stable country where they are often further humiliated seeking help. While we can understand the alternative view that requires caution about our own safety, it must be acknowledged that the detention centres, interrogations, and the feelings of being unwanted and untrusted weigh particularly heavily on refugees and are especially torturous for children.

The dreamed next step of ending up in a new country with a new language and people remains elusive. Refugees may know some people, possibly even from back home, but most people around them are strangers. Hopefully, however, children are taken in by the education system, which might or might not be prepared to help, teach, and care for them.

Years can pass until refugees start to feel a little safe, if they ever do. In many cases, the series of traumatic events makes fitting in very difficult, and people from refugee backgrounds can end up in marginalised groups of society, bringing further danger, trauma, and frustration in their life. This causes even more distance, fear, and suspicion of refugees by the native population. In these circumstances, mainly with the help of political rhetoric and using fear to gain power, it is easy to conclude that refugees and natives are not compatible, they refugees do not integrate well, and that they are a source of trouble, dangerous, and ungrateful.

From a different perspective, there is much scientific research on trauma, its treatment, and how to decrease the fractions in society. We could

take steps toward helping refugees, which would help our own societies. Refugees will remain a fact of life given the likely prospect of wars and destruction from climate change in the future. Declining populations will be a problem for all welfare countries, and we may need to prepare for more immigration in the future.

We know from our personal life that change is not easy but can bring many positive effects, and sometimes we have to help ourselves to make the transition easier or at least make it possible to take opportunities as they arise.

This is not an exaggerated reality of children who are seeking asylum. We need to understand what happens to them so that a wide range of influencers, from policy-makers, teachers, and psychologists to volunteers, social workers, journalists, and neighbours can have an idea about what they need, what we all need, and how we can live together. In this study, I aim to examine what happens to these youngsters from the perspective of developmental trauma, and I seek to draw some guidelines for helping them in a constructive manner.

2. Developmental trauma

The phenomenon by which physically or emotionally harmful events can have long-lasting effects on one's personality and behaviour is not new. Sigmund Freud and Sándor Ferenczi, among others, introduced the importance of this topic at the dawn of the science of psychology. In recent years, research has proven long-lasting life- and personality-altering effects of trauma with neuroscientific results.¹ Just one traumatic event can cause an affected individual to develop post-traumatic stress disorder (PTSD) but the younger the individual is and the more often traumatic events occur in their life, the more long-lasting, severe scars develop on their soul.² "Soul" is a difficult concept to employ in scientific discourse, and thus, we seek to understand what happens through changes in the functioning of the nervous system, the body, and as a result, the behavioural and emotions of the affected person.

The psychological and neurological perspective can yield a better understanding of what happens to children in asylum and their reactions to their new homes, and can help establish the appropriate support. We observe

¹ Van der Kolk, 2020, pp. 20-85.

² Perry and Szalavitz, 2010, pp. 45-72.

that refugees' experiences are almost certainly traumatising. To understand how this happens and its outcomes, we need to learn more about PTSD and developmental trauma.

Harris and Falot³ define trauma as an experience that occurs when an external threat overwhelms a person's internal and external positive coping resources; however, I consider it crucial that we also keep in mind the long-term consequences, and thus, I prefer to use the extended definition of the Substance Abuse and Mental Health Services Administration (SAMSHA).⁴ This states that individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has long-lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

We can see that the word "trauma" refers to the consequences of a traumatic event when the person experiences an overwhelming situation in which they do not have sufficient capacity to cope; it elicits the emotions of fear, helplessness, hopelessness, terror and it is often a subjective threat to the person's survival. Even witnessing or becoming aware of a seriously threatening event to others can be traumatic.⁵ The causal events need not be violent, but they do violate the person's sense of self and security.⁶ Importantly, an event that is not traumatic to one individual can easily be threatening and traumatic to another who gets triggered by their own perceptions and experiences of that event. This difference could be the result of different previous experiences, capacity to cope, and personal interpretations.⁷

To understand the functioning of the brain affected by trauma, I aim to give a simplified description. In case of an emergency, the perceived threat switches our brain into survival mode. In survival mode, parts of the brain that are responsible for specific human functioning, such as complex decision making and sophisticated communication, are "switched off," because they are slow. However, quicker, life-saving functions become activated; they detect danger, increase alertness, and activate fight-or-flight responses. When our evaluation of a situation suggests that we cannot avoid

³ Harris and Falot, 2001, cited in Evans and Graves, 2018, p. 2.

⁴ SAMSHA Trauma Definition, 2012, cited in Evans and Graves, 2018, p. 2.

⁵ Gohara, 2018, p. 14.

⁶ Haskell and Randall, 2013, p. 507.

⁷ Mogyoróssy – Révész, 2021, pp. 89–95.

the danger, than our brain freezes us to minimise the impending pain, blood loss, and the suffering.⁸ Young children who are sometimes found among dead bodies after traumatic events are seemingly unconscious, but are in a state of freeze, or an extremely low level of arousal.⁹

The more often the brain and the body turns to this survival state, the more normal this state becomes for the individual. Then, the stress response can become very sensitive and switch into survival mode for even the smallest perception of threat.

In everyday life, these symptoms can lead to decreased coping and connecting capacities, misunderstanding of social cues, paying attention only to possible harmful signs, and not noticing friendly or caring behaviour. Hence, the world soon turns into a hostile dangerous place, where it is not safe or smart to handle situations in a peaceful way. It might even seem there is no sense in trying to handle problems at all, but it is better to turn to external numbing and controlling of these states through alcohol or drugs.¹⁰

All these behaviours can be labelled by society as problematic and/or criminal, and thus, injured people can become easily marginalised, surrounded only by those who are similarly hurt, reinforcing the maladaptive patterns in each other.

Possibly traumatic events show great diversity, and include human and non-human causes, violence, sexual abuse, physical assault, neglect, witnessing violence, war, natural disasters, serious injuries, accidents, loss of loved ones, and medical procedures. As for the victims, people from any socioeconomic background can experience trauma, but marginalised vulnerable members of society are at greater risk of developing traumatic responses.¹¹

As a result of deeper and more complex understanding, today, we distinguish between single, chronic, and complex or developmental trauma.¹² PTSD was first conceptualised as a result of World War I. Professionals coined the term “shell shock”, which described unusual psychological symptoms appearing among soldiers resulting from their exposure to battlefield, combat experiences. Examination and descriptions

⁸ Perry and Szalavitz, 2017, pp. 229–257.

⁹ De Deckker, 2018, p. 253.

¹⁰ Gohara, 2018, p. 22.

¹¹ Haskell and Randall, 2013. p. 508; Perry, 2019, pp. 291–311.

¹² Haskell and Randall, 2013. p. 507.

continued with the medical treatment of the veterans through the World War II, but the real breakthrough arrived through handling the veterans of the Vietnam War. The concept of PTSD entered the “civil world” by scientific and self-help literature that extensively discussed trauma as a result of sexual assault, rape, and domestic violence.¹³

PTSD is now a well-established diagnostic criterion in the DSM V¹⁴ diagnostic directory of mental health.

Simple PTSD is a neurophysiological response to a traumatic event that occurred once. It has three typical types of symptoms:

- *re-experiencing* phenomena: intrusive thoughts, rumination, flashback
- *avoiding/numbing*: avoiding anything that reminds one of the traumatic events, including thoughts, emotional numbing, and withdrawing from relationships
- *hyper-arousal response*: being alerted to danger, irritable, overly alert, lack of concentration.¹⁵

Focusing on traumatic experiences in childhood, in the 1990s, Vincent Felitti and Robert Anda conducted the Adverse Childhood Experiences (ACE) study, in which they compiled data from 17,421 patients from health maintenance organisations in the US. Participants filled in a questionnaire of 10 questions about whether they had experienced enumerated ACEs, including verbal and physical maltreatment, sexual contact with an adult, witnessing violence against their mothers, and having parents addicted to drugs or alcohol. Based on affirmative answers, the participants were assigned an ACE score from 0 to 10; 87% of the respondents scored 2 or more. The researchers also noticed that the higher a patient’s score, the greater the likelihood of adult life difficulties, such as relationship and employment difficulties, substance abuse, chronic depression, and suicide attempt.¹⁶

Developmental or complex trauma tends to be more extensive than PTSD; it can affect brain development, attachment patterns, and self-capacities, such as self-regulation and coping mechanisms. Complex trauma is a result of a group of precarious and damaging events that cause traumatic shock, disruption in one’s development, and the interruption of primary

¹³ Gohara, 2018, p. 22; Van der Kolk, 2020, pp. 13–29.

¹⁴ Association, 2022.

¹⁵ Haskell and Randall, 2013. p. 511.

¹⁶ Gohara, 2018, p. 14.

attachment bonds.¹⁷ The symptoms in this case can be summarised in six core categories:

- *affect dysregulation*: modulating emotion and impulse
- *changes in consciousness*: dissociation, attention deficit, overly alert
- *altered self-perception*: shame, guilt, responsibility
- *relation to others*: difficulties in establishing and maintaining intimate relationships, difficulties with trust
- *somatisation*: stomach pain, headache, or even more complex physical issues
- *alterations in system of meaning*: hopelessness, lack of purpose¹⁸

Learning about these outcomes of trauma helps us understand how a child with a difficult background can develop symptoms that can be considered “bad behaviours” by those who do not understand the nature of these mechanisms. For example, experiencing constant fear impairs concentration and performance, and can make children seem emotionally detached. “Problematic behaviour” or symptoms of children usually signal that something is imbalanced inside or around them. Sometimes it is just a temporary difficulty, like a bad day, too little sleep, or hunger. However, if these symptoms are prevalent for longer periods or the symptoms change but a healthy balance does not return, they signal that something may be hurting that child more severely.

The symptoms that we should notice may be apparent on many levels.¹⁹

- *Cognitive*: memory problems, poor verbal skills, difficulty focusing or learning at school, slow or poor skill development, developmental learning disabilities
- *Behavioural*: excessive temper, demand attention through both positive and negative behaviour, regression, acting out in social situations, screams or cries excessively, startles easily, tantrums, withdrawal, ignoring others, anxious behaviour, like biting nails
- *Psychological/emotional*: unable to trust others, development of new fears, nightmares, fear of being separated from caregiver, withdrawn, loss of interest in normal activities, irritability, sadness, anxiety, etc.

¹⁷ Ford et al., 2012, cited in Evans and Graves, 2018, p. 2.

¹⁸ Haskell and Randall, 2013. p. 511.

¹⁹ American Psychological Association, 2018, cited in Evans and Graves, 2018, p. 4.

- *Physiological symptoms:* poor appetite, or overeating, weight change, digestive problems, difficulties sleeping, enuresis, and/or encopresis, etc.

When we discuss the consequences and the symptoms of trauma, we need to consider if the trauma is acute or chronic/complex,²⁰ in relation to the occurrence and frequency of the traumatic event. Acute trauma refers to a single traumatising event, such as a car accident, natural disaster, terrorist attack, or assault. Such experiences can have long-term effects on stress level with implications for mental health and everyday life. PTSD and its symptoms could be the consequences of a single traumatising event and it can last for weeks, months, or years after the event.²¹ It is common for entire communities to be affected in cases of natural disasters or terrorist attacks, etc. The experience could affect an entire generation, and even subsequent generations through the suffering or untreated symptoms of the parents.²²

Unfortunately, among refugees and refugee children, chronic trauma is prevalent, because in most cases, they experience ongoing and multiple traumas. Their traumatic events are long lasting and/or reoccurring; war, continuous community violence, ongoing sexual abuse or parental neglect, and domestic violence are life threatening and occur over an extended period, thus lead to more comprehensive symptoms.²³

In our society, we are familiar with cases of children brought up in harmful circumstances, but in the world, many people suffer trauma as a result of war or political turmoil. In these areas, sexual assault (particularly for women), witnessing extreme violence, being forced to become a child soldier, and witnessing the effects of bombs and missiles are very common.²⁴

The effects of trauma may last a lifetime for some of these children and young people and become apparent at different stages of their lives in the form of typical reactions: anxiety, fear, mood swings, and irrational behaviours.²⁵

This could explain why it is likely that most refugee children will be affected by several severe traumatic events that leave a significant impact on

²⁰ NCTS, 2016, cited in De Deckker, 2018, p. 249.

²¹ Van der Kolk, 2020, p. 205.

²² Abrahms, 2009, pp. 79–80.

²³ NCTS, 2016, cited in De Deckker, 2018, p. 250.

²⁴ NSW Centre for Refugee Research, 2007, cited in De Deckker, 2018, p. 250.

²⁵ Sellars, 2019, p. 57.

their lives. Neurological, mental, emotional, and physical symptoms will further affect their vital skills, such as adapting, learning, relationship building, and emotional regulation.²⁶ The moral question then arises as to whether we are responsible for their well-being, or whether we should just agree that it is a tragic situation and not do anything about it. We could begin looking for those to blame, but soon, we would arrive at the responsibilities of welfare and consuming societies – not just some evil terrorists somewhere far away. However, let us not search for scapegoats in this way. Let us instead concentrate on two things we know for sure: these children cannot be held responsible for their past, but together, we can be responsible for their future.

3. Who is a child in asylum?

The United Nations High Commissioner for Refugees (UNHCR; 1951) formally defined a refugee as any person who, Owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.²⁷

Roughly, in any one year, 1 million people seek asylum.²⁸ Those who are granted asylum are officially refugees, although in times of mass evacuation of countries when it is not possible to interview asylum seekers individually, they are considered “prima facie” refugees.²⁹

In this study, I do not differentiate between these two groups, as my focus is on the mental health and traumatising of children in these groups and their needs, which is mostly the same in cases in which they do or do not have official refugee status.

²⁶ De Deckker, 2018, p. 254.

²⁷ Cited in Sullivan and Simonson, 2016, p. 504.

²⁸ Sellars, 2019, p. 53.

²⁹ Ibid.

To clarify the meaning of similar but sometimes mixed-up phrases, this study refers to the following definitions from the official website of the European Union (EU):

- *Refugee:*

In the global context, either a person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership of a particular social group, is outside the country of nationality and is unable or, owing to such fear, is unwilling to avail themselves of the protection of that country, or a stateless person, who, being outside of the country of former habitual residence for the same reasons as mentioned before, is unable or, owing to such fear, unwilling to return to it. (The source is: the Geneva Refugee Convention and Protocol.)

In the EU context, either a third-country national who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership of a particular social group, is outside the country of nationality and is unable or, owing to such fear, is unwilling to avail themselves of the protection of that country, or a stateless person, who, being outside of the country of former habitual residence for the same reasons as mentioned above, is unable or, owing to such fear, unwilling to return to it, and to whom Art. 12 (Exclusion) of Directive 2011/95/EU (Recast Qualification Directive) does not apply.

- *Migrant:*

In the global context, a person who is outside the territory of the State of which they are nationals or citizens and who has resided in a foreign country for more than one year irrespective of the causes, voluntary or involuntary, and the means, regular or irregular, used to migrate. (Source: UN Recommendations on Statistics of International Migration.)

In the EU/EFTA context, a person who either:

(i) establishes their usual residence in the territory of an EU/EFTA Member State for a period that is, or is expected to be, of at least 12 months, having previously been usually resident in another EU/EFTA Member State or a third country; or
(ii) having previously been usually resident in the territory of the EU/EFTA Member State, ceases to have their usual residence in the EU/EFTA Member State for a period that is, or is expected to be, of at least 12 months. (Source: Eurostat's Concepts and Definitions Database and the UN Recommendations on Statistics of International Migration.)

- *Asylum seeker:*

In the global context, a person who seeks protection from persecution or serious harm in a country other than their own and awaits a decision on the application for refugee status under relevant international and national instruments. (Source: developed by EMN (European Migration Network).)

In the EU context, a third-country national or stateless person who has made an application for protection under the Geneva Refugee Convention and Protocol in respect of which a final decision has not yet been taken. (Source: Derived by EMN from Art. 2(b) of Council Directive 2005/85/EC (Asylum Procedures Directive).)³⁰

Refugees can come from a diverse background, but they all fled their home to avoid actual or feared persecution.³¹ This brings us to the distinction between refugees and migrants. Refugees, we could say, are involuntary migrants.³² More simply, we can say that these people did not really have a choice.³³ It is important to make this distinction even amid

³⁰ European Union (np date) EMN Asylum and Migration Glossary, [Online]. Available at https://home-affairs.ec.europa.eu/networks/european-migration-network-emn/emn-asylum-and-migration-glossary_en (Accessed 18 November 2024).

³¹ Sullivan and Simonson, 2016, p. 504.

³² Sellars, 2019, p. 53

³³ Koehler and Schneider, 2019, p. 2.

political rhetoric, because unwelcoming attitudes toward migrants are a further traumatising even to those who do not belong to this category, and they are already going through a lot.³⁴ Migration is a very complex global issue, and it raises different questions to asylum seeking, especially considering children. Here, I discuss their case.

Youths who end up seeking asylum in a foreign country are in most cases forced to leave because of war or natural disasters; their departure is often sudden, they may be separated from their family or leave without real plans of where or how they are going; some of them might not even have any official identification document.³⁵ Among refugees, youths are the most vulnerable; they are not only more sensitive to traumatising effects but also are in danger of missing out on schooling or any kind of education.³⁶ They can also easily become victims of human trafficking or abuse.³⁷ On their journey, they may end up for shorter or longer times in refugee camps, which are often the opposite of safe places; children there experience violations, persecution, and constant uncertainty, which easily gives them new scars.³⁸ Sadly, we need to face the reality that refugee camps are often not the first step toward safety but a further source of harm.³⁹

According to Chak, in 2018, there were about 170,000 unaccompanied and separated child refugees in the EU. The number of children among the world's 25.4 million refugees is 52%.⁴⁰ This trend has not changed much, as we by the end of 2021, the number of forcibly displaced people had reached almost 90 million, most of them leaving Syria and Afghanistan. Children comprise half these people globally and one-third of those who apply for asylum status in Europe. More alarmingly, 3% of children arriving in France, 40% arriving in Norway and Sweden, and over 80% arriving in Bulgaria were unaccompanied in 2021.⁴¹

The exploitation of unaccompanied and separated child refugees can be considered a humanitarian catastrophe for which the EU has taken responsibility in both the Geneva Convention (1951), which frameworks the Status of Refugees (1967 Protocol) and the Charter of Fundamental Rights,

³⁴ Chak, 2018, p. 8.

³⁵ Guruge and Butt, 2015; Koehler and Schneider, 2019, p. 6.

³⁶ Koehler and Schneider, 2019, p. 10.

³⁷ Sullivan and Simonson, 2016, p. 505.

³⁸ Guruge and Butt, 2015, p. 106.

³⁹ Chak, 2018, p. 14.

⁴⁰ Ibid. p. 7.

⁴¹ Dangmann et al., 2022.

as well as by the ratification of the United Nations Convention on the Rights of a Child.⁴² The UN CRC has been ratified by more than 180 countries in the world, and thus, it represents a universal standard which all countries who agreed to can be expected to follow, even if they have not agreed on other standards concerning refugees.⁴³

Thus, not only morally but legally too do we have to do our best to help these suffering children and to be prepared to efficiently help them across so many levels.

Regarding help and preparation, I will concentrate on two interrelated subjects: traumatising and periods without schooling. These two aspects severely affect these children's future as well as our shared future.

4. Traumatization of children in asylum

As we try to understand these processes, we need to be humble enough to confess that war, for example, for many in Western countries, is known only via old stories from history books, or pictures from blockbuster movies. Most of us cannot truly imagine all the fear, various sources of both physical and psychological suffering, and trauma which is the direct experience of people in the Ukraine, Syria, Gaza, etc. Numerous people in war-torn countries lack the basic necessities of life and the most basic human need to feel safe. Parents are not only trying to survive themselves, but also to ensure a future for their children; in the most desperate moments, they often decide to flee or even worse, they risk trusting their children's safety to unknown people, some of whom operate illegally.⁴⁴ It seems unbelievable that this could be a "better option", but social structures and families can be destroyed to such an extent that these parents may believe this.

The phenomenon of globally mobile populations seems to be the new normal, and even though the categories of migrants, refugees, and asylum seekers may be the same in the public discourse, the fate of children forced to seek asylum requires us to try to minimise the disavowal and disapproval channelled toward them.⁴⁵ The hostile, bureaucratic reception they face needs to be revisited.

⁴² Chak, 2018, p. 7.

⁴³ Crisp, 1996.

⁴⁴ Chak, 2018, p. 11.

⁴⁵ Taylor et al., 2016, p. 1.

A study in the United Kingdom found that 86% of adolescent refugees who participated in the research had witnessed or experienced violence on several occasions.⁴⁶ Furthermore, 37% of them had fled because a family member died or was persecuted, 21% were themselves persecuted, 15% were forced into war or sex slavery, 32% were raped, 13% were imprisoned or detained, and 16% had to live for some time in hiding.

All these are sources of chronic trauma for refugees and refugee children. Studies have estimated that between 5% and 54% of refugees suffer from PTSD.⁴⁷ This is a very high proportion and it may be even higher if we consider latency or the rate among children only.

Children are a lot more vulnerable to traumatising effects, because they are still in a sensitive period of their life, with fewer resources. Again, we must remind ourselves that children are not naturally resilient. They cannot just shake it off and become happy and calm once they have settled. We have to be conscious that long-term consequences are to be expected.⁴⁸

If the children's home is affected by war or another source of constant fear and lack of safety, or if they are surrounded and affected by frustration, aggression, fear, and violence, it would have long-lasting damaging affects.⁴⁹ Mental health and physical health can be seriously affected by displacement alone. Losing a sense of belonging and the concept of home is deeply traumatising, especially for children.⁵⁰

Beyond the direct traumatising experiences of "just witnessing" is interpersonal trauma, which also has emotional, mental, and physical impacts.⁵¹

After refugee children have left their homes, during their journeys or in refugee camps, assault, violence, hostility and the resulting lack of feeling safe deepen the trauma.

Unfortunately, even in their "new home", after surviving initial threats and losses, they often encounter racism, lack of acceptance, and hostility, and thus, fresh wounds are created, causing harm to their self-image and self-acceptance.⁵² However, even if nothing bad seems to happen, a child from a

⁴⁶ Thomas et al. 2004, cited in Sullivan and Simonson, 2016, p. 505.

⁴⁷ Baker and Shalhoub-Kevorkian, 1999; Bronstein and Montgomery, 2011; Ehntholt and Yule, 2006, cited in Sullivan and Simonson, 2016, p. 506.

⁴⁸ Sellars, 2019, p. 56.

⁴⁹ De Deckker, 2018, p. 252.

⁵⁰ Sellars, 2019, p. 56.

⁵¹ Sullivan and Simonson, 2016, p. 506.

⁵² Bryant- Davis, 2005, cited in De Deckker, 2018, p. 252.

refugee background can easily be overwhelmed and threatened by new classmates, a language they do not understand, new expectations, new food, and new clothing, even though everything appears safe and easy from the outside.

Traumatising experiences for children in asylum have three major stages.⁵³

- The experiences of the home country: war, persecution, combat, experiencing or witnessing serious violence, and the fact of needing to leave their home.
- The often long and dangerous journey on their way to the host country, during which they might even be alone.
- Even after arriving in the host country, acculturation and integration can be very challenging.

Such chronic traumas are immensely changing stress responses and neurological functioning.

The body and mind become prepared for constant life-threatening events, and react to the outside world from this alert state. Fundamental human emotional needs are corrupted, as the ability to trust and feel safe is no longer easy.⁵⁴

As explained above the more frequently the body and brain go into survival mode, prepared for either fight or flight, or freezing down to minimise injury, the more sensitive the individual becomes, and the easier it is for these survival instincts to take control. Enduring ongoing abuse or neglect or living in a war situation, constant life-threatening events profoundly change the brain and a threat response can become the normal state.⁵⁵

Symptoms of PTSD or developmental trauma can be diverse: sleep difficulties, irritability, anxiety, difficulty concentrating, oppositional behaviour, separation anxiety, fear, apathy, and other impairments, including reduced academic achievement.⁵⁶ We differentiate between externalising and internalising symptoms. It is not rare for refugee children's symptoms to be more internalising (e.g. constant anxiety, apathy,

⁵³ Fazel and Stein, 2002, cited in Sullivan and Simonson, 2016, p. 506.

⁵⁴ Blaustein and Kinniburgh, 2010; NCTSN, 2016, cited in De Deckker, 2018, p. 253.

⁵⁵ Van der Kolk, 2020.

⁵⁶ De Deckker, 2018, p. 252.

and lack of motivation), and thus, less noticeable to the outside world. This is a serious issue, because these symptoms often go untreated.⁵⁷

Often refugee children can look fine, feel true appreciation for their new home, or show gratitude to those who help them, but deep down are still suffering and grieving.⁵⁸

Anger is a common externalising reaction to inner wounds; it is often not understood or accepted in our society, and we react negatively to those who show anger. However, the source of anger may be the same as the source of depression – deep and hidden sadness and woundedness.⁵⁹

It is very common for human relationships and the capability to connect to be compromised. Feeling constant fear, and the unavoidable and unexplainable shame and guilt which are consequences of chronic trauma make it very difficult to connect or to be close to others. Attachment theory is a relevant psychological framework here. Bowlby argued that a long-lasting emotional response pattern is developed in early childhood based on the interactions with the primary caregiver, which determines infants' and later adults' response to stress and emotion regulation. Secure attachment is formed if a baby's caregiver reacts reliably, consistently, and reassuringly to biologically determined stress signals (e.g. crying). However, if the responses are unreliable, inconsistent, or neglectful then an insecure attachment style develops, which causes anxious or avoidant behavioural patterns in the close relationship with the caregiver, and later in life with other important attachment figures.⁶⁰ This framework explains in detail how insecure attachment develops in disrupted primary relationships, which may reflect the case of refugee families, where babies are born and raised in uncertain circumstances. The fundamental functioning in human relationships is determined by these experiences, as they not only affect the child's later relationship patterns but also their ability to regulate their emotions and impulses.⁶¹ Attachment style is an internal working model which gets formed in very early childhood, but in older children, developmental trauma can have very similar consequences, because it can

⁵⁷ Sullivan and Simonson, 2016, p. 507.

⁵⁸ Ibid. p. 507.

⁵⁹ Ibid. p. 517.

⁶⁰ Bowlby, 1982; Ainsworth, Blehar, and Wall, 1978; Cassidy, 1999, cited in Woodhouse et al., 2015.

⁶¹ East et al., 2017.

harm one's interactions with others and make it difficult to trust and form friendships or healthy intimate relations.⁶²

5. Community and relationships are essential

Relationships in which we feel connected and safe for us is for humans not a choice but our deepest longing and psychological necessity. Our most vital skill developed in thousands of years of evolution is living in cooperating communities. Loneliness destroys our psychological and eventually our physical health.⁶³ Even though human connections can become difficult as a result of trauma, relationships also hold the key to our psychological immune system, preventing and/or healing such wounds.

It is known that the same event can have very different effects on individuals. Resilience, which is psychological coping capacity in a crisis, develops from numerous cultural, familial, and experiential factors.⁶⁴ The determinants of someone's mental state after a traumatic event include age, gender, language knowledge, ethnicity, and, importantly, familial aspects, such as stability, emotional accessibility of others, parent-child relationship, or the existence of any warm, accepting relationship.⁶⁵

Even though traumatic experiences can be neurologically damaging, the plasticity of the brain makes a great deal of recovery possible.⁶⁶ Among the protective factors are genetics, good mental or physical health, financial background, and access to medical care. However, studies suggest that overall, the most crucial elements are relationships and community beyond family friends and relatives.⁶⁷ This makes the story of unaccompanied children even more tragic and the responsibility of the communities in which they arrive is extremely important.

The sense of belonging speeds up recovery, healing, and adapting, while social isolation provokes the effects of trauma.⁶⁸ Refugees and even children among them are not passive bearers of their fate; they are actively fighting to survive, and if they have the opportunity to flourish in a safe environment, they are able to make meaning of their lives without

⁶² Woodhouse et al., 2015.

⁶³ Perry and Szalavitz, 2017, pp. 229–257.

⁶⁴ Sullivan and Simonson, 2016, p. 505.

⁶⁵ Perry and Szalavitz, 2017.

⁶⁶ Van der Kolk, 2020.

⁶⁷ NCTSN, 2016, cited in De Deckker, 2018, p. 253.

⁶⁸ De Deckker, 2018, p. 257.

neglecting or suppressing their losses, grief, and trauma.⁶⁹ A society that is prepared to help and connect to refugees can be the best groundwork for so-called post-traumatic growth, which can lead to positive change, a greater appreciation for life, more meaningful interpersonal relationships, recognition of personal strength, changed life priorities, and spiritual/existential development.⁷⁰ We should mention both resilience and post-traumatic growth as possible positive outcomes of such heavy life events. By resilience, we often mean the ability to cope with traumatic events without developing PTSD-like symptoms, and to maintain stable and healthy psychological and physical functioning. Meanwhile, post-traumatic growth is the result of psychological adaptation after experiencing trauma; in children, it is associated with the presence of subjective psychological distress, social support/religious involvement, and cognitive, emotional coping strategies.⁷¹ In reality, post-traumatic stress and post-traumatic growth seem to co-exist in many cases. Luckily, there is proof of its existence in the form of stories of young refugees arriving to Europe, with their own traumatic history, where they could settle and flourish, become teachers, doctors, lawyers, and other very valuable members of the community.

Professionals that are the first line of interaction for asylum seekers have a key role to play. They need to be conscious of children's trauma, show great respect, and acknowledgement of their losses and grief, and empathise with their suffering; first and foremost, they should offer care.

Additionally, at the institutional level, available services, accessible care, and the treatment attitude these people receive are important factors. Last but not least, other determinants of healing or deepening traumas are the reaction of the broader community through such attitudes as discrimination, handling poverty, and accepting others.⁷² Here, the role of the media and politicians needs to be mentioned, because the formation of public opinion and attitudes depends on them to a great extent.

At the level of state policies and regulations, the focus should be on trying to avoid unnecessary, prolonged periods in transitory camps and detention centres. These places are not only themselves often sites of exploitation, abuse, and emotional damage, they also influence the host

⁶⁹ Ibid.

⁷⁰ Tedeschi and Calhoun, 2004, cited in De Deckker, 2018, p. 257.

⁷¹ Pacione et al., 2005.

⁷² Guruge and Butt, 2015, p. 106; Pacione et al., 2005.

countries' social reactions to the arriving people. If regulations and social practices can help employers, teachers, and social workers to have a deeper understanding of refugees' mental and emotional states and the consequences of trauma, all parties could benefit from a smoother, faster recovery and process of getting used to each other.⁷³

However, the opposite reactions, such as experiencing and observing racism and lack of acceptance, have damaging effects on both natives and arrivals. Children and youngsters especially can be affected by these forms of hatred while they are forming their own identity, values, and attitudes.⁷⁴

6. Vicious circle of trauma

Sadly, intergenerational transmission of trauma can prolong the damaging effect of such experiences. Europeans own experiences also show that the terror of wars and dictatorships in Europe in the last century and even before can still have consequences for current generations.⁷⁵ Emotional stability and accessibility as well as parents' levels of stress and frustration have a great impact on the neurological and emotional development of their children. According to attachment theory, insecure attachment patterns of parents have long-lasting effects on their children, and consequently, their grand-children and even later generations.⁷⁶ At the level of community trauma, frustration and aggression levels increase in whole communities, whose children suffer from individual traumas caused by the traumas of those around them. When these children grow up, if they have not had a chance to heal, then anger, aggression, frustration, and stress might be transferred to the next generation. Social, functional, and academic challenges become common and widespread in a variety of contexts, which not only affects individual lives but also the whole society and future.⁷⁷

Refugees are often affected by transgenerational trauma in their original home which is not only the result of their unbearable circumstances but it also causes the problems to a great extent. If the healing process does not begin, it recreates problems in both the country of origin and the host

⁷³ Sellars, 2019, p. 61.

⁷⁴ De Bellis, 2010, cited in Sullivan and Simonson, 2016, p. 507.

⁷⁵ Abrahms, 2009, pp. 79–80.

⁷⁶ Sullivan and Simonson, 2016, p. 505.

⁷⁷ *Ibid.* p. 506.

country. East et al.⁷⁸ undertook research showing that in the case of children who were born from refugee mothers in western society, the mothers' posttraumatic stress and depressive symptoms significantly mediated the effects of their past experience on their children's adjustment. Such findings allow us to observe how intergenerational trauma affects the mental health and well-being of many.

In this way trauma recreates itself. Only those who can heal can ensure that their scars do not further poison themselves through anger, lack of trust, and fear and can slow down or change cumulative events, ending the vicious circle of trauma.⁷⁹ If we want to understand the process, imagine how much more difficult it is for a depressed mother to be emotionally engaged or playful with their child, to be sufficiently responsive to the child's emotional and physical needs. At the other end of the spectrum, the symptoms can be damaging. Parental outbursts, excessive anger, and PTSD can lead to a constantly alert, irritable state that creates an unsafe, unpredictable environment for the family, which can be the transmission path of developmental trauma. In this way, children bear the scars from their individual past as well as the scars of their parents' past.⁸⁰

The healing process is long and involves many different aspects: complex, flexible, and systematic solutions. The developmental and social context needs to be designed using scientific knowledge about treatment. Participating professionals should be educated and well prepared for such work; it would be best to offer them a setting in which they can work in teams.⁸¹

Overall, this requires thoroughly planned but flexible team work. Five central goals could make such processes in trauma healing effective: *self-regulation, self-reflective information processing, traumatic experience integration, relational engagement or attachment, and positive affect enhancement*.⁸²

A well-developed treatment process carried out by a team of professionals could be best executed in schools, which children must attend, and where there is a community and a structured flow of life.

⁷⁸ East et al., 2017.

⁷⁹ Perry and Szalavitz, 2017, pp. 229–257.

⁸⁰ East et al., 2017.

⁸¹ Sellars, 2019, p. 63.

⁸² Van der Kolk 2020, p

7. How can a school be healing?

In the EU, many different paths are followed when handling refugee children, but a common goal is to find and create strategies that help them integrate in their new homeland.⁸³ Among long-term strategies, the most important may be to involve refugees in the education system. The school environment is greatly influential and adaptable, giving youngsters several sources of recovery.⁸⁴

In Article 14 of Directive 2013/33/EU of the European Parliament and Council, Section 1 provides that children of asylum seekers and unaccompanied minors should be granted access to the education system ‘under similar conditions as nationals of the host Member State’. Section 2 provides that access to the education system should not be postponed for more than 3 months from the date on which the application for international protection was lodged and that preparatory classes, including language classes, should be given to minors where it is necessary to facilitate their access to and participation in education. Unfortunately, in reality, it may take at least 6 months to have a stable school that they attend because of bureaucratic procedures and relocations.⁸⁵

Although access to education can be severely compromised, it is both a universal human right of children and adolescents and a key for socio-economic success and overcoming disadvantage in European societies.⁸⁶ Furthermore, the right to education and the responsibility to provide it are two profoundly different phenomena. In the first case, the responsibility lies with the students or the family to take actions, even though the state has an obligation to make it possible and ensure it happens.⁸⁷ Clearly, it would be more helpful for asylum seekers if they did not have to shoulder this responsibility on their own. Even if it happens that pupils from refugee backgrounds get access to education, a schooling system that gives them the same standards of education as others might not be sufficient. Because of their background, the highly likely possibility of their traumatised psyche, possible grief, and different or absent former education, they may need special intervention by well-trained professionals. This would require

⁸³ Koehler and Schneider, 2019, p. 2.

⁸⁴ De Deckker, 2018, p. 257.

⁸⁵ Eurocities, 2017, cited in Koehler and Schneider, 2019, p. 7.

⁸⁶ Fazel et al., 2012 cited in Koehler and Schneider, 2019, p. 1.

⁸⁷ Koehler and Schneider, 2019, p. 8.

resources and financial dedication as well as great awareness of the situation to offer special attention without increasing segregation.

Simple factors in a school environment can contribute greatly to the recovery of traumatised students (not only children with a refugee background). Educators and other adults around these children must be aware of the neurological consequences of trauma. Thus, they might be able to see symptoms of suffering instead of “bad” behaviours, or anxiety instead of a lack of motivation. Adults should be conscious that there are reasons for children’s behaviour: it is almost never simply to annoy others or misbehave, or not knowing moral or other kinds of expectations. If we are aware, we can begin to help these children regulate their emotions, learn to connect, and adapt.⁸⁸

Moreover, creating a safe environment is an essential step in facilitating recovery. Emotionally and physically predictable, consistent surroundings are very supportive. Children with a traumatic background may suspect and expect threats from anything or anyone, and this may cause constant distress and frustration as well as a lack of concentration. By taking slow steps, we can help them feel safe and connected to others so that they become calm and open to learning. Beyond the physical surroundings, a welcoming and understanding social atmosphere is fundamental to the healing process, and it is essential that the child has one or more people to safely connect with. Integration requires entire communities to be accepting and offer social support; apparently, the most available and crucial element of support is offered by school communities.⁸⁹

Schools and the education system can comprise the best source of a structural, systematic, complex approach to integration. The school can create the basis for social and psychological support. Well-prepared teachers and social workers can ensure a safe, healing environment and help children in need obtain professional, and if necessary, therapeutic help.⁹⁰

Young children do not simply forget their trauma, but an environment that acknowledges their existing strengths and resources can build resilience, and a good school is a best place to offer such reinforcement. Educators who are motivated to offer a safe environment, human connection, and a supportive attitude in their classrooms can contribute a

⁸⁸ De Deckker, 2018, p. 254.

⁸⁹ Sullivan and Simonson, 2016, p. 517.

⁹⁰ De Deckker, 2018, p. 251.

great deal to the brighter future of children with an asylum-seeking background.⁹¹

Furthermore, schools offer the structure for social inclusion not only for children but on a wider social scale as well. Families can meet and get to know each other, which could have positive effects on their living and working side by side. If the whole family is addressed in the school system by also paying attention to parents, by inviting them to certain activities and events, it would improve communication between the school and parents as well as between parents and their children on school matters, as well as between refugee and native parents. At the same time, it should be noted that familial and parental support is not a necessity for education, and thus, a child can have opportunities even if they lack help from their family.⁹²

We should not forget to mention the original and most basic purpose of schools: education is the platform for new members of society to prepare themselves to become equal participants, as adults, and to play their part in the social and financial structure of countries' economic growth, innovation etc.⁹³

The question, however, of whether our schools and teachers are sufficiently prepared to accomplish the above-mentioned tasks remains difficult to answer. A lot depends on the policy of the countries, political attitudes, financial resources, and dedication to invest, among other factors. Therefore, a change of perspective from short term to long term at the level of policy and legislation is crucial in this regard. In the short term, this would require investment, as the education of refugees costs more than education of natives, but in the long term, it will be to our society's benefit. This is the case not only from the perspective of host countries, but also from the perspective of building peace and stability in refugees' countries of origin. In some cases, these children may return to their "first home", and everything they have learned in in our education system as well as the emotional stability they can gain in a safe environment may become tools they can apply for transformation processes to build safer communities.⁹⁴

It would be in our societies' best interests for policies to aim to build safety, resilience, and opportunities for connection to ensure the healthiest possible development of all children, including asylum-seeking minors. We

⁹¹ Sullivan and Simonson, 2016, p. 523.

⁹² Koehler and Schneider, 2019, p. 6.

⁹³ Ibid. p. 2.

⁹⁴ Ibid. p. 6.

need to improve the environment for future generations, in the form of good schools, clubs, and social circles outside of school; possibilities to play sports together; and visiting libraries, where real human connections can be built. Available health services, safe neighbourhoods, and community facilities are crucial for raising children who are mentally healthy. Positive perspectives automatically increase resilience, which is unfortunately in short supply among child refugees.⁹⁵

Meanwhile, if discrimination exists, it has negative effects on the integration process, school performance, and the whole community directly and indirectly witnessing such hostile attitudes. In addition, segregation may result from housing patterns or school selection, whereby native and middle-class parents choose schools with fewer migrants. Both native and refugee (or migrant) students suffer the consequences of segregation on personal and social levels. The results of such treatment can be radicalisation, xenophobia, social exclusion, and violence. These phenomena are poisoning the society from all sides.⁹⁶

Koehler⁹⁷ suggests the following basic guidelines for the best possible integration into the school system, which can only be carried out by trained professionals:

- *Immersion is better than separation:* Children with only very basic knowledge of the language and social environment should join regular classes as soon as possible (in terms of both age and after arrival). This would naturally speed up the learning process. This should be carried out while providing sufficient information to the children and parents.
- *Many refugee children will not go back:* Situations that cause people to flee are not likely to be resolved soon, but every moment wasted from education has higher costs and requires greater efforts toward integration in the long term.
- *The phenomenon is most probably not temporal:* The history of the world in recent decades and its effects indicate that more refugees and migrants will be appear in the future, making them a part of our lives and society. This phenomena needs more than immediate reactions – it requires planning and structural preparations.
- *Education does not end at age 16 or 18 years:* Refugee or migrant children might be aware of their ambitions later, or may be mature

⁹⁵ Sullivan and Simonson, 2016, p. 508.

⁹⁶ Koehler and Schneider, 2019, p. 11.

⁹⁷ Ibid. p. 14.

enough to make decisions about their educational careers compared to native students. The system should give opportunities for them to return to the education system, even if their education or career path is slower or irregular.

- *Foreigners' and asylum legislation should not overrule perspectives of education and work:* all destination countries of refugees and immigrants in Europe are in need of young people – as labour force, as future high-skilled talents, and as tax payers – so offering a residency status on the basis of having found access to vocational training or to higher education can be considered a triple-win situation.⁹⁸

Thus, legal background should aim not to create obstacles in the way of education, but rather promote it, and create conditions that help integration, education, and work.

- *Minors have a universal human right to education:* It cannot be dependent on the child's or the parents' legal status.

The results of following these guidelines are convincing: the earlier children get into educational system, the more chances they have of learning the language of the host country quickly and efficiently, and families can become familiar with the education system itself. Of course, this is the case only if the institution is prepared for multilingual, intercultural functioning, with the purpose of helping these children integrate efficiently.

If children with an asylum seeking background are given wide range of possibilities, they are usually able to live with their situation; however, if they are limited in any way (e.g. taught in their mother tongue, placed on a certain academic track), their chances of dropping out increase. Even though their school careers may be more bumpy than those who did not experience such traumatic events, if they have the option of returning to school, even after the obligatory age, they often take the opportunity

If these children spend a longer time being educated, beyond the direct positive effects on income and job opportunities, this contributes to a general identification with their new “home” and prevents nationalistic, fundamentalist tendencies.⁹⁹

⁹⁸ Koehler and Schneider, 2019, p. 11.

⁹⁹ Ibid. p. 6.

According to Hart,¹⁰⁰ school programmes need to focus on improving emotional and mental well-being to provide the most help. This should involve collaboration by professionals who supervise and implement the plan, including educators and specialist clinicians. In this way, advance preparation can be made to help children reach their full potential.

On this path to emotional and mental well-being, many models and frameworks have been developed on a scientific basis to support the healing of developmental trauma. Here, I introduce the attachment, self-regulation, and competency (ARC) framework,¹⁰¹ which has three components. The model aims to decrease the vulnerabilities of these children, which are caused by overwhelming life events that have disrupted their healthy development. This model emphasises building skills, stabilising internal distress, and strengthening the security of the caregiving system, while seeking to offer generalisable tools for building resilience.

The primary training components of each focus point are shown in Table 1.

Table 1 Training components of the ARC framework.¹⁰²

Attachment	Self-regulation	Competency
<ul style="list-style-type: none"> • Routines and Rituals • Caregiver affect management • Attunement • Praise and reinforcement 	<ul style="list-style-type: none"> • Affect identification • Affect expression • Modulation 	<ul style="list-style-type: none"> • Mastery • Building connections • Enhancing strengths • Promoting self-efficacy • Adjunctive activities; that is: <ul style="list-style-type: none"> ○ Sports ○ Arts ○ Community games

Inside or outside education, these children need assistance to overcome their past; on the healing journey, some attention should be paid to the concept of home. In a psychological perspective, home is not just a place to live but an inner experience of knowing one's place, knowing who one is, and where one belongs. Refugee children (and adults) lose this sense,

¹⁰⁰ Cited in Sellars, 2019, p. 63.

¹⁰¹ Arvidson et al., 2011.

¹⁰² Ibid.

and homesickness is a more serious concern for them than we could imagine. A new place, with new people, new language, new customs, new views, new weather, new smells, and the idea that perhaps one may never return home is torturous. Dieterich-Hartwell and Koch¹⁰³ argue that, among others, art therapies can offer a bridge toward forming a sense of home in a new location, and these methods can be applied in education.

Movement and dance therapies can help people feel at home in their bodies and help them reach a more regulated state of the nervous system. Music and other forms of creative, performing, or visual arts can channel nostalgia, and help merge the old and the new. Acculturation needs to occur inside these children; they need to integrate their old self with their new experiences and let a new identity form step by step.¹⁰⁴

8. Conclusions

In this study, I aimed to introduce developmental trauma and its effects on children in asylums and consequently the effects on communities and our shared future. I sought to offer a perspective on how we could work to heal and live together in peace. School and education are crucial components of this aim; however, to accomplish this task, political will, societal effort, and real change in attitudes and adaptivity are essential.

Unfortunately, the European Court of Human Rights has ruled against several Member States for violating the EU's legal regime on refugees about issues that contribute to traumatising effects on children (as well as adults). These issues relate to detention, status of reception facilities, and lack of legal remedies.¹⁰⁵

Change is needed and urgently so. In this regard, I underline the difference between having adequate legal background and actually take steps upon these laws toward change.

According to Sim,¹⁰⁶ in Germany, one in five refugee children suffers from PTSD, yet only 4% of people in refugee centres receives mental health support.

¹⁰³ Dieterich-Hartwell and Koch, 2017.

¹⁰⁴ Ibid.

¹⁰⁵ Chak, 2018, p. 8.

¹⁰⁶ Sim, 2016, p. 48.

On a practical level, legislative actions require well-trained, sufficiently paid professionals who understand the persistent and diffusive effects of refugee trauma and are prepared to deal with it on their professions.¹⁰⁷

The isolation of people who are suffering from mental illnesses is an issue in our society that needs to be addressed in general, but especially for both children and adults in asylums.

We need to stop interpreting these actions as noble, generous, and altruistic deeds. The truth is that we are facing real and urgent demographic issues in Europe. The workforce and tax payers are declining, a problem that is going to become even more acute in the coming decades. If we want to sustain our quality of life, we need to consider learning for sharing with others. This is an even more sensitive topic if we consider minors who do not even have real choices.

Unfortunately, awareness about mental health and how it is shaped by experiences does not receive enough attention in general. Alternatively, communities face real challenges in funding the needs of unprivileged children, and we have to learn to live together. This requires effort; we should not imagine it will be an easy path, and those who arrive at the destination should not have to pay the price of peaceful cohabitation on their own.

It would not be fair to focus only on what goes wrong and what we do not yet do efficiently. Many European countries are trying hard to find the right solutions and help as much as possible. The media is picking up on the topic of the asylum seekers, and NGOs, volunteers, and social services are working hard. The strong voices are not only hostile ones; there are those emphasising the seriousness of the problem and our role in it.

However, trauma is not only a problem of those from the outside. Abused, neglected, and marginalised children are growing up among native populations as well. By improving the education system, paying attention to social structures, and humanistic attitudes, we can reduce their helplessness and hopelessness. Science has shown that traumatic experiences cause changes in interactions, when interpreting the world, damaging not only our minds but also our bodies. Stress induces illness, addictions have become a very worrying concern for the health-care systems of countries; prevention via trauma conscious institutions could decrease these numbers.

The financial perspective should also be considered. Many resources are required for prevention via resettlement processes considering both the

¹⁰⁷ East et al. 2017, p. 12.

human and economic costs. However, these costs are still far lower than the costs of military interventions. A better option for everyone would be lower incidence of mental and physical illness in local and wider communities, a larger working force, and more taxpayers and fewer terrorists and armed conflicts.¹⁰⁸

Finally, I emphasise that my intention was not to draw the wrong picture of people in asylum. It would be a mistake to think that they are a totally dependent population, or that person is harmless or innocent. I would rather examine their outcomes and our responsibilities from a trauma-conscious perspective, which could help prepare our institutions, with special focus on education for children. I hope that this path could lead to healing and moving beyond maladaptive, harmful, dangerous patterns for children, while communities could prepare themselves for peaceful, fruitful cohabitation.

In conclusion, I highlight that scientific evidence shows that the hostile, mean, and isolating initial experiences of refugees form the basis for worse mental and physical outcomes, including poorer sense of inclusion, educational performance, employment outcomes, and social and economic productivity.¹⁰⁹ Thus establishing a more compassionate discourse and attitudes toward refugees is essential. This could hopefully extend to the media, political will, institutional and civil initiatives, and everyday lives of people.

It is especially important for children to receive appropriate assistance because of their vulnerability and their greater readiness to adapt and internalise new norms, values, and customs. For all children, our increasing compassion and consciousness is essential.

¹⁰⁸ Sim, 2016, p. 47.

¹⁰⁹ Taylor et al., 2016, p. 2.

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